Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

February 5, 2008

Arthur Ewart, Director Sonoma County Mental Health 3322 Chanate Road Santa Rosa, CA 95404-1708

Dear Mr. Ewart:

#### AUDIT REPORT - SONOMA COUNTY MENTAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Sonoma County Mental Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### Net Program Costs

	<u>Settled</u>	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 7,045,795	\$ 7,350,767	\$ 304,972
Federal Share of Healthy Families/Medi-Cal	\$ 185,275	\$ 163,810	\$ (21,465)

Arthur Ewart, Director February 5, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chie of Audits

MABEL GHTNER, Supervisor Audits – Bay & Central Region

**Enclosures** 

**CERTIFIED MAIL** 

## COUNTY OF SONOMA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

			As Settled		Audit Adjustments		As Audited
NET REIMBURSABLE MEDI-CAL		_					
PROGRAM COSTS							
COUNTY PROVIDERS							
MEDI-CAL - FFP	(Sch. 2a)	\$	4,764,657	\$	423,701	\$	5,188,358
HEALTHY FAMILIES - FFP	(Sch. 2a)		109,913		(30,417)		79,496
TOTAL FFP - COUNTY PROVIDERS		\$_	4,874,570	\$_	393,285	\$_	5,267,855
CONTRACT PROVIDERS							
MEDI-CAL - FFP		\$	2,281,138	\$	(118,729)	\$	2,162,409
HEALTHY FAMILIES - FFP			75,362		8,952		84,314
TOTAL FFP - COUNTY PROVIDERS		\$ _	2,356,500	\$_	(109,777)	\$_	2,246,723
TOTAL FFP - COUNTY PLUS CONTRACT	PROVIDERS						
MEDI-CAL - FFP		\$	7,045,795	\$	304,972	\$	7,350,767
HEALTHY FAMILIES - FFP		_	185,275		(21,465)		163,810
TOTAL FFP - COUNTY PLUS CONTRACT	PROVIDERS	\$	7,231,070	\$	283,508	\$	7,514,578

## COUNTY OF SONOMA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

#### COUNTY OPERATED FEDERAL

						Audit		
				As Settled		Adjustments		As Audited
	l Medi-Cal Gross Reimbursement							
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$		\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		6,265,993		1,039,016		7,305,009
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		26,874		26,874
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		146,799	_	(43,726)	_	103,073
9.	Total		\$	6,412,792	\$ =	1,022,164	\$_	7,434,956
Less	: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		17,053		54,485		71,538
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
		(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$_	17,053	\$	54,485	\$_	71,538
Med	li-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		6,248,940		1,011,405		7,260,345
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		· C
24.	Healthy Families-O/P	(Ln 8 - Ln 17)		146,799		(43,726)		103,073
25.	Total	,	\$ _	6,395,739	\$	967,679	\$_	7,363,418
Med	di-Cal MAA Reimbursement							
	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	196,557	\$	(9,133)	\$	187,424
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		326,300		(15,162)		311,138
	Service Functions 21-19	(MH1979, Ln 13, Col. A)		574,642		(26,702)		547,940
		(,,,,,,		,				

## COUNTY OF SONOMA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

Mathematic Name   Mathematic	COUNTY OPERATED FEDERAL					Audit		
10.	Amount Negatioted Dates Evened Cost		_	As Settled	-	Adjustments	_	As Audited
1.   Cultystient SDMC (Refugees)-IP   (MH1968, l.n 39)		(MIJ 1069 In 20 29A)	æ	0	<b>C</b>	0	œ	0
Semanced SD/MC (Refugees)-I/P	•		Ф		Ъ		3	
Semant   State   Sta	•							
Healthy Families-UP	, ,							
Second   Communication   Com	, <del>-</del> ,							
Medi-Cal Administrative Reimbursement   MH 1979, Ln 4)   S	•			-		_		
Medi-Cal Administrative Reimbursement Limit	•	(MH 1968, Ln 40, 40A)			<u> </u>			
37. Administrative Reimbursement Limit         (MH 1979, Ln 5)         \$ 1,618,983         \$ 1,25,931         \$ 1,744,914           38. Medi-Cal Administration         (MH 1979, Ln 5)         \$ 1,150,792         \$ 191,109         \$ 1,341,901           39. Medi-Cal Reimbursement         (Lower of Ln 37, Ln 38)         \$ 1,150,792         \$ 191,109         \$ 1,341,901           Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8)         \$ 26,274         \$ (4,372)         \$ 21,902           40. Healthy Families Administrative Reimbursement Limit (MH1979, Ln 9)         \$ 21,872         \$ (30,007)         \$ 18,865           42. Healthy Families Administrative Reimbursement (Lower of Ln 40, Ln 41)         \$ 21,872         \$ (30,007)         \$ 18,865           43. Skilled Professional         (MH1979, Ln 14, Col. D)         \$ 372,424         \$ (218,947)         \$ 153,477           44. Other Medi-Cal U.R.         (MH1979, Ln 15, Col. D)         \$ 372,424         \$ (218,947)         \$ 153,477           45. Direct Services         (MH1979, Ln 16,16A)         \$ 3,217,532         \$ 507,007         \$ 3,724,539           46. Enhanced (Children)         (MH1979, Ln 18)         0         0         17,525         17,525           47. Enhanced (Refugees)         (MH1979, Ln 18)         0         0         0         0	36. Total		2=	0	\$ =	0	\$ =	0
38. Medi-Cal Administration         (MH 1979, Ln 5)         \$ 1,150,792         \$ 191,109         \$ 1,341,901           39. Medi-Cal Reimbursement         (Lower of Ln 37, Ln 38)         \$ 1,150,792         \$ 191,109         \$ 1,341,901           Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8)         \$ 26,274         \$ (4,372)         \$ 21,802           41. Healthy Families Administrative Reimbursement         (MH1979, Ln 9)         \$ 21,872         \$ (3,007)         \$ 18,865           42. Healthy Families Administrative Reimbursement         (Lower of Ln 40, Ln 41)         \$ 21,872         \$ (3,007)         \$ 18,865           Utilization Review Reimbursement           Utilization Review Reimbursement           (MH1979, Ln 14, Col. D)         \$ 372,424         \$ (218,947)         \$ 153,477           44. Other Medi-Cal U.R.         (MH1979, Ln 15, Col. D)         \$ 372,424         \$ (218,947)         \$ 153,477           45. Direct Services         (MH1979, Ln 16,16A)         \$ 3,217,532         \$ 507,007         \$ 3,724,539           46. Enhanced (Children)         (MH1979, Ln 18)         0         0         0         0           47. Enhanced (Refugees)         (MH1979, Ln 11, 12 & 13)         692,411         (32,175)         660,236           48. MAA         (MH1	Medi-Cal Administrative Reimbursement							
38. Medi-Cal Administration         (MH 1979, Ln 5)         \$ 1,150,792         \$ 191,109         \$ 1,341,901           39. Medi-Cal Reimbursement         (Lower of Ln 37, Ln 38)         \$ 1,150,792         \$ 191,109         \$ 1,341,901           Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8)         \$ 26,274         \$ (4,372)         \$ 21,802           41. Healthy Families Administrative Reimbursement         (MH1979, Ln 9)         \$ 21,872         \$ (3,007)         \$ 18,865           42. Healthy Families Administrative Reimbursement         (Lower of Ln 40, Ln 41)         \$ 21,872         \$ (3,007)         \$ 18,865           Utilization Review Reimbursement           43. Skilled Professional         (MH1979, Ln 14, Col. D)         \$ 372,424         \$ (218,947)         \$ 153,477           44. Other Medi-Cal U.R.         (MH1979, Ln 15, Col. D)         \$ 3,217,532         \$ 507,007         \$ 3,724,539           45. Direct Services         (MH1979, Ln 16,16A)         \$ 3,217,532         \$ 507,007         \$ 3,724,539           46. Enhanced (Children)         (MH1979, Ln 11,12&13)         692,411         (32,175)         660,236           47. Enhanced (Refugees)         (MH1979, Ln 14)         575,396         95,555         670,951           50. U.R. Skilled Professional         (MH1979, Ln 12)         5 0	37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	1,618,983	\$	125,931	\$	1,744,914
Nedi-Cal Reimbursement	38. Medi-Cal Administration		\$	1,150,792	\$		_	
40. Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8) \$ 26,274 \$ (4,372) \$ 21,902	39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	1,150,792	\$_	191,109	\$_	
40. Healthy Families Administrative Reimbursement Limit (MH1979, Ln 8) \$ 26,274 \$ (4,372) \$ 21,902								
Healthy Families Administration		. (1411070 1 0)	æ		•		•	
Vilibration Review Reimbursement   Clower of Ln 40, Ln 41   S   21,872   S   (3,007)   S   18,865					-		-	
MH1979, Ln 14, Col. D)   S 372,424   S (218,947)   S 153,477	•	, ,	_		-		_	
MH1979, Ln 14, Col. D)   S   372,424   S   (218,947)   S   153,477	42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	21,872	\$ =	(3,007)	\$ =	18,865
Net SD/MC Reimbursement - FFP         (MH1979, Ln 15, Col. D)         3         0         \$         0         \$           45. Direct Services         (MH1979, Ln 16,16A)         \$ 3,217,532         \$ 507,007         \$ 3,724,539           46. Enhanced (Children)         (MH1979, Ln 17,17A)         0         17,525         17,525           47. Enhanced (Refugees)         (MH1979, Ln 18)         0         0         0           48. MAA         (MH1979, Ln 11, 12 & 13)         692,411         (32,175)         660,236           49. Administrative Reimbursement         (MH1979, Ln 16)         575,396         95,555         670,951           50. U.R. Skilled Professional         (MH1979, Ln 14)         279,318         (164,210)         115,108           51. U.R. Other         (MH1979, Ln 15)         0         0         0         0           52. Negotiated Rate-Payback         (MH1979, Ln 20)         0         0         0         0           53. Subtotal- FFP         \$ 4,764,657         \$ 423,701         \$ 5,188,358           54. Contract Limitation Adjustment         (MH 1979, Ln 22)         \$ 0         \$ 0         0         0           56. Total SD/MC Reimbursement - FFP         \$ 4,764,657         \$ 423,701         \$ 5,188,358         8	Utilization Review Reimbursement							
Net SD/MC Reimbursement - FFP         (MH1979, Ln 15, Col. D)         \$ 0         \$ 0         \$ 0           45. Direct Services         (MH1979, Ln 16,16A)         \$ 3,217,532         \$ 507,007         \$ 3,724,539           46. Enhanced (Children)         (MH1979, Ln 17,17A)         0         17,525         17,525           47. Enhanced (Refugees)         (MH1979, Ln 18)         0         0         0           48 MAA         (MH1979, Ln 11, 12 & 13)         692,411         (32,175)         660,236           49. Administrative Reimbursement         (MH1979, Ln 16)         575,396         95,555         670,951           50. U.R. Skilled Professional         (MH1979, Ln 14)         279,318         (164,210)         115,108           51. U.R. Other         (MH1979, Ln 15)         0         0         0         0           52. Negotiated Rate-Payback         (MH1979, Ln 20)         0         0         0         0           53. Subtotal- FFP         \$ 4,764,657         \$ 423,701         \$ 5,188,358           54. Contract Limitation Adjustment         (MH1979, Ln 22)         \$ 0         \$ 0         0           56. Total SD/MC Reimbursement - FFP         \$ 4,764,657         \$ 423,701         \$ 5,188,358           Net Healthy Families Reimbursement         (M	43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	372,424	\$	(218,947)	\$	153,477
45. Direct Services	44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$_	0	\$	0	\$_	0
45. Direct Services       (MH1979, Ln 16,16A)       \$ 3,217,532       \$ 507,007       \$ 3,724,539         46. Enhanced (Children)       (MH1979, Ln 17,17A)       0       17,525       17,525         47. Enhanced (Refugees)       (MH1979, Ln 18)       0       0       0         48 MAA       (MH1979, Ln 11, 12 & 13)       692,411       (32,175)       660,236         49. Administrative Reimbursement       (MH1979, Ln 6)       575,396       95,555       670,951         50. U.R. Skilled Professional       (MH1979, Ln 14)       279,318       (164,210)       115,108         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       (Adj # )       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         8. Negotiated Rate Exceed Costs       (MH1979, Ln 2	N. CD MCD				_		_	
46. Enhanced (Children)       (MH1979, Ln 17,17A)       0       17,525       17,525         47. Enhanced (Refugees)       (MH1979, Ln 18)       0       0       0         48 MAA       (MH 1979, Ln 11, 12 & 13)       692,411       (32,175)       660,236         49. Administrative Reimbursement       (MH1979, Ln 16)       575,396       95,555       670,951         50. U.R. Skilled Professional       (MH1979, Ln 14)       279,318       (164,210)       115,108         51. U.R. Other       (MH1979, Ln 15)       0       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0       0         53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement       (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0         59		0.4771.0=0.1.1.1.1.1.1.1			_			
47. Enhanced (Refugees)       (MH1979, Ln 18)       0       0       0         48 MAA       (MH 1979, Ln 11, 12 & 13)       692,411       (32,175)       660,236         49. Administrative Reimbursement       (MH1979, Ln 16)       575,396       95,555       670,951         50. U.R. Skilled Professional       (MH1979, Ln 14)       279,318       (164,210)       115,108         51. U.R. Other       (MH1979, Ln 15)       0       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0       0         53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 10)       14,271       (1,962)       12,309			\$		\$	•	\$	
48 MAA       (MH 1979, Ln 11, 12 & 13)       692,411       (32,175)       660,236         49. Administrative Reimbursement       (MH1979, Ln 6)       575,396       95,555       670,951         50. U.R. Skilled Professional       (MH1979, Ln 14)       279,318       (164,210)       115,108         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309	,					•		
49. Administrative Reimbursement       (MH1979, Ln 6)       575,396       95,555       670,951         50. U.R. Skilled Professional       (MH1979, Ln 14)       279,318       (164,210)       115,108         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement       (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
50. U.R. Skilled Professional       (MH1979, Ln 14)       279,318       (164,210)       115,108         51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855			3)	•				•
51. U.R. Other       (MH1979, Ln 15)       0       0       0         52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       \$ 0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855				575,396		95,555		· ·
52. Negotiated Rate-Payback       (MH1979, Ln 20)       0       0       0         53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       \$ 0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Negotiated Rate Exceed Costs       (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855				279,318		(164,210)		115,108
53. Subtotal- FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       \$ 0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855	51. U.R. Other	(MH1979, Ln 15)		0		0		0
54. Contract Limitation Adjustment       (MH 1979, Ln 22)       \$ 0       \$ 0       0         55. Quality Assurance Review Results       (Adj # )       0       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP       (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855	52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0		0		0
55. Quality Assurance Review Results       (Adj # )       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP         57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855	53. Subtotal- FFP		\$ =	4,764,657	\$ _	423,701	\$ _	5,188,358
55. Quality Assurance Review Results       (Adj # )       0       0       0         56. Total SD/MC Reimbursement - FFP       \$ 4,764,657       \$ 423,701       \$ 5,188,358         Net Healthy Families Reimbursement - FFP         57. Healthy Families Net Reimbursement (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs (MH1979, Ln 26)       0       0       0       0         59. Administrative Reimbursement (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855	54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
Net Healthy Families Reimbursement - FFP           57. Healthy Families Net Reimbursement         (MH1979, Ln 24,24A)         \$ 95,642         \$ (28,455)         \$ 67,187           58. Negotiated Rate Exceed Costs         (MH1979, Ln 26)         0         0         0         0           59. Administrative Reimbursement         (MH1979, Ln 10)         14,271         (1,962)         12,309           60. Total Healthy Families Reimbursement - FFP         \$ 109,913         \$ (30,417)         \$ 79,496           61. Total - FFP (Ln 56 + Ln 60)         \$ 4,874,570         \$ 393,285         \$ 5,267,855	-		-					
Net Healthy Families Reimbursement - FFP           57. Healthy Families Net Reimbursement         (MH1979, Ln 24,24A)         \$ 95,642         \$ (28,455)         \$ 67,187           58. Negotiated Rate Exceed Costs         (MH1979, Ln 26)         0         0         0         0           59. Administrative Reimbursement         (MH1979, Ln 10)         14,271         (1,962)         12,309           60. Total Healthy Families Reimbursement - FFP         \$ 109,913         \$ (30,417)         \$ 79,496           61. Total - FFP (Ln 56 + Ln 60)         \$ 4,874,570         \$ 393,285         \$ 5,267,855	54 Total SD/MC Daimhunanna CCD		ø	A 76 A 657	æ	422.701	æ	£ 100 250
57. Healthy Families Net Reimbursement       (MH1979, Ln 24,24A)       \$ 95,642       \$ (28,455)       \$ 67,187         58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855			, ==	4,764,657	. J	423,701	·	3,188,338
58. Negotiated Rate Exceed Costs       (MH1979, Ln 26)       0       0       0         59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855								
59. Administrative Reimbursement       (MH1979, Ln 10)       14,271       (1,962)       12,309         60. Total Healthy Families Reimbursement - FFP       \$ 109,913       \$ (30,417)       \$ 79,496         61. Total - FFP (Ln 56 + Ln 60)       \$ 4,874,570       \$ 393,285       \$ 5,267,855	•		\$	•	\$		\$	
60. Total Healthy Families Reimbursement - FFP \$ 109,913 \$ (30,417) \$ 79,496 61. Total - FFP (Ln 56 + Ln 60) \$ 4,874,570 \$ 393,285 \$ 5,267,855	_							
61. Total - FFP (Ln 56 + Ln 60) \$ 4,874,570 \$ 393,285 \$ 5,267,855		(MH1979, Ln 10)	_					12,309
	60. Total Healthy Families Reimbursement - FFP		\$ =	109,913	\$ :	(30,417)	\$ =	79,496
	61. Total - FFP (Ln 56 + Ln 60)		\$	4,874,570	\$	393,285	\$	5,267,855
			-				: =	

#### COUNTY OF SONOMA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(t)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
Numbe	r Legal Entity		1 N P	A: T: 1 E	N T			O U T f	J T A	E N J	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Cal. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
112	Lincoln Child Center, Inc. \$		0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	9,266 \$	0
113	Fred Finch Youth Center \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	346,630 \$	7,709
120	Families First, Inc. \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	22,888 \$	0
270	Buckelew Programs \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	730,780 \$	0
273	Edgewood Center for Children \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	122,235 \$	0
396	Social Advocates for Youth \$	0 \$	0 \$	0 \$	0 \$	0 \$		21,832 \$	0 \$	559,798 \$	2,965
397	Community Support Network \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	1,375,767 \$	0
399	New Directions Adolescent Servic \$		0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	106,744 \$	44,784
401	True to Life Children's Services \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	130,920 \$	0
402	Petaluma People Services \$		0 \$	0 \$	0 \$	0 \$		1,103 \$	0 \$	59,263 \$	0
403	Children's Counseling Center \$		0 \$	0 \$	0 \$	0 \$		13,400 \$	0 \$	229,098 \$	0
457	Sunny Hills Children's Home \$		0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	126,305 \$	0
461	Summitview Child Treatment Cent \$		0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	8,249 \$	0
472	Deveraux Inc. \$	0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	7,032 \$	0
484	Victor Treatment Center \$		0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	162,108 \$	0
515	CIL/PSI Lifeworks \$		0 \$	0 \$	0 \$	0 \$		2,857 \$	0 \$	244,102 \$	73,845
648	Russian River Counseling \$		0 \$	0 \$	0 \$	0 \$		1,697 \$	0 \$	59,689 \$	0
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	·	•	• •	• •	•	• •	• •	• •		- ·	Ü
	GRAND TOTAL \$	0 \$	0 \$	0 \$	0 \$	0 \$	4,259,985 \$	40,889 \$	0 \$	4,300,874 \$	129,303

#### COUNTY OF SONOMA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP) ::::::::::::::::::::::::::::::::::::	(12) Healthy Families Revenue T J E N.T. (MH 1968, Ln 31)	(13) Total Revenue (Excl. HFP) OUTTPA1  (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue FIEN:T (MH 1968, Ln 31)	(15) Total Net Cost (Excl. HFP) (Col 4-11)	(16)  Net Cost Healthy Families FIEN: T	(17) Total Net Cost (Excl. HFP) (Col 9-13)	Net Cost Healthy Families T.I.E.N.T	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
112	Lincoln Child Center, Inc.	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	9,266 \$	0 \$	0
113	Fred Finch Youth Center	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$			0
120	Families First, Inc.	\$ 0	\$ 0\$	0 \$	0 \$	0 \$	0 \$	22,888 \$	0 \$	0
270	Buckelew Programs	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	730,780 \$	0 \$	0
273	Edgewood Center for Children	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0
396	Social Advocates for Youth	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	559,798 \$	2,965 \$	0
397	Community Support Network	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	1,375,767 \$	0 \$	0
399	New Directions Adolescent Services	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	106,744 \$	44,784 \$	0
401	True to Life Children's Services	\$ 0	\$ 0.5	0 \$	0 \$	0 \$	0 \$	130,920 \$	0 \$	0
402	Petaluma People Services	\$ 0	\$ 0.\$	0 \$	0 \$	0 \$	0 \$	59,263 \$	0 \$	0
403	Children's Counseling Center	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	229,098 \$	0 \$	0
457	Sunny Hills Children's Home	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	126,305 \$	0 \$	0
461	Summitview Child Treatment Center	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	8,249 \$	0 \$	Ō
472	Deveraux Inc.	\$ 0	\$ 0\$	0 \$	0 \$	0 \$	0 \$		0 \$	0
484	Victor Treatment Center	\$ 0	\$. 0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0
515	CIL/PSI Lifeworks		\$ 0 \$	0 \$	0 \$	0 \$	0 \$		73.845 \$	Ô
648	Russian River Counseling	\$ 0	\$ 0\$	0 \$	0 \$	0 \$	0 \$		0 \$	ō
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	GRAND TOTAL	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	4,300,874 \$	129,303 \$	0

#### COUNTY OF SONOMA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

	***	(20) Neg. Rates	(21) Neg. Rates	(22) Neg. Rates	(23) Neg. Rates	(24)	(25)	(26)	(27)	(28)
Legal		Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity	INPA	TIENT	OUTPA	TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
-		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
440	11 d 01710 to 11-	0 \$	0 \$	0 \$	0 \$	5,036 \$	0 \$	5,036 \$	12,500 \$	5,036
112	Lincoln Child Center, Inc. \$ Fred Finch Youth Center \$	0 \$	0 \$	0 \$	0 \$			181,566 \$	446,840 \$	181,566
113		0 \$	0 \$	0 \$	0 \$		0,030 \$	11,715 \$	33,928 \$	11,715
120	Families First, Inc. \$	0 \$	0 \$	0 \$	0 \$		0 \$	376,598 \$	613,744 \$	376,598
270	Buckelew Programs \$		0 \$	0 \$	0 \$		0 \$	62,733 \$	82.099 \$	62,733
273	Edgewood Center for Children \$	0 \$	0.8	0 \$	0 \$		1,927 \$	292,732 \$	237,986 \$	237,986
396	Social Advocates for Youth \$	0 \$		0 \$	0 \$		1,927 \$	707,743 \$	795.430 \$	707,743
397	Community Support Network \$	0 \$	0 \$				29.228 \$	84.096 \$	243,894 \$	
399	New Directions Adolescent Services \$	0 \$	0 S	0 \$	0 \$					84,096
401	True to Life Children's Services \$	0 \$	0 \$	0 \$	0 \$		0 \$	67,226 \$	131,176 \$	67,226
402	Petaluma People Services \$	0 \$	0 \$	0 \$	0 \$		0 \$	30,746 \$	41,152 \$	30,746
403	Children's Counseling Center \$	0 \$	0 \$	0 \$	0 \$		0 \$	120,157 \$	128,600 \$	120,157
457	Sunny Hills Children's Home \$	0 \$	0 \$	0 \$	0 \$		0 \$	65,067 \$	113,626 \$	65,067
461	Summitview Child Treatment Center \$	0 \$	0 \$	0 \$	0 \$		0 \$	4,125 \$	12,234 \$	4,125
472	Deveraux Inc. \$	0 \$	0 \$	0 \$	0 \$	3,739 \$	0 \$	3,739 \$	3,739 \$	3,739
484	Victor Treatment Center \$	0 \$	0 \$	0 \$	0 \$		0 \$	83,478 \$	231,066 \$	83,478
515	CIL/PSI Lifeworks \$	0 \$	0 \$	0 \$	0 \$		48,121 \$	174,243 \$	274,923 \$	174,243
648	Russian River Counseling \$	0 \$	0 \$	0 \$	0 \$	30,922 \$	0 \$	30,922 \$	30,469 \$	30,469
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	GRAND TOTAL \$	0 \$	0 \$	0 \$	0 \$	2,217,608 \$	84,314 \$	2,301,922 \$	3,433,406 \$	2,246,723

(To Sch. 1)

Provider					Provider Number 00049	No. of Adj. 179	1	eriod Ended 30, 2003
	COUNTY OF		VIA		00049			
	Report Refe	erence		EVEL ANATION OF AUDIT AD HISTME	:NTC	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line_	Col.	EXPLANATION OF AUDIT ADJUSTME		reported	(200.000)	, , , , , , , , , , , , , , , , , , , ,
				ADJUSTMENTS TO REPORTED COSTS				
1	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$ 18,505,534	\$ (156,518)	\$ 18,349,016 *
				To eliminate the Program Support and PES Sutter reimbursen supplies against the proper cost center.	nent for services and			
2	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$ 18,349,016	\$ 7,500	\$ 18,356,516 *
				To incorporate depreciation expense for an alarm system capithe FY 96/97 audit.	talized in			
3	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$ 18,356,516	\$ (36,895)	\$ 18,319,621 *
				To adjust the reported A-87 costs to agree with the county's accost allocation plan.	djusted A-87			
4	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$ 18,319,621	\$(1,182,982)	\$ 17,136,639 *
				To disallow the self-insurance costs as the county was unable compliance with the federal self-insurance requirements. (The to Sutter is excluded from the disallowance as all Sutter costs already been properly eliminated from the cost report).	e amount related			
5	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$ 17,136,639	\$ 530,988	\$ 17,667,627 *
				To allow the actual claims paid by the county for health insura compensation, and general liability. (The amount related to S excluded from the total as all Sutter cost have been properly e from the cost report).	utter is			
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provider	COUNTY OF	SONO	MA		Provider Number 00049	No. of Adj. 179		eriod Ended 30, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS		** ** **		
6	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$ 17,667,627	\$ 94,807	\$ 17,762,434 *
				To adjust total costs to agree with the county's records.				
7	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$ 17,762,434	\$ (149,970)	\$ 17,612,464 *
				To eliminate the excess FFS costs captured on the cost report to county's records.	agree with the			
8	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$ 17,612,464	\$ (110,309)	\$ 17,502,155
				To eliminate the non-reimbursable utilization review costs related Jail for consistency with prior-year treatment.	d to Sutter and			
9 10 11 -	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ 1,150,792 21,872 1,612,772 2,785,436	\$(1,150,792) (21,872) (1,612,772)	\$ - * - * - * 2,785,436 *
				To eliminate the reported allocation of Administrative Costs. Adwill be redistributed to the proper cost centers after adjustments costs are made below.	ministrative costs to administrative			
12	MH 1960 MH 1960	13 16	CC	SKILLED PROFESSIONAL MEDICAL PERSONNEL TOTAL UTILIZATION REVIEW COSTS		\$ 372,424 372,424	\$ (372,424)	\$ - * 372,424 *
				To eliminate the reported Utilization Review Costs (UR). UR cost be distributed to the proper cost centers after adjustments to Util Review costs are made below.	sts will ization			
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	COUNTY OF	SONO	MA		Provider Number 00049	No. of Adj. 179	1	eriod Ended 30, 2003
	Report Refe					As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COST				
13 14	MH 1960 MH 1960	12 18	C	TOTAL ADMINISTRATIVE COSTS MODE COSTS		** \$ 2,785,436 15,142,159	\$ (263,546) 263,546	\$ 2,521,890 * 15,405,705 *
				To reclassify the conservatorship costs from Administration to for consistency with prior-year treatment.	Mode 60			
15 16	MH 1960 MH 1960	12 18	CC	TOTAL ADMINISTRATIVE COSTS MODE COSTS		** 2,521,890 ** 15,405,705	(99,602) (56,916) (156,518)	2,422,288 * 15,348,789 *
				To eliminate the Program Support and PES Sutter reimbursem supplies against the proper cost center in conjunction with adju	ent for services and istment number 1.			
17	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS		** \$ 2,422,288	\$ 7,500	\$ 2,429,788 *
				To incorporate depreciation expense for an alarm system capit the FY 96/97 audit in conjunction with adjustment number 2.	alized in			
18	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS		** \$ 2,429,788	\$ (36,895)	\$ 2,392,893 *
				To adjust the reported A-87 costs in conjunction with adjustme number 3.	nt			
19 20	MH 1960 MH 1960	12 18	C	TOTAL ADMINISTRATIVE COSTS MODE COSTS		** \$ 2,392,893 ** 15,348,789	\$ 22,604 (22,604)	\$ 2,415,497 * 15,326,185 *
			·	To reclassify depreciation expense to Administrative Costs due supporting documentation that demonstrates assets are used at the direct services level (Mode 15).				
	:							
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.	î	eriod Ended
	COUNTY OF	SONO	MA		00049	179	June	30, 2003
	Report Refe	erence	<b>7</b> 6 - 10. 11 - 11.			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
110.	0011.	Lino	<u> </u>	ADJUSTMENTS TO REPORTED COST				
21 22 23 24	MH 1960 MH 1960 MH 1960 MH 1960	12 16 17 18	0000	TOTAL ADMINISTRATIVE COSTS TOTAL UTILIZATION REVIEW COSTS RESEARCH AND EVALUATION MODE COSTS		** \$ 2,415,497 ** 372,424 205,515 ** 15,326,185	\$ (44,553) (17,305) (9,549) (580,587) (651,994)	\$ 2,370,944 * 355,119 * 195,966 14,745,598 *
				To adjust self-insurance costs at the program/department leve with adjustment numbers 4 and 5.	I in conjunction			
				Disallow self-insurance premiums (Adj. #4) Allow actual claims paid (Adj. #5)	(1,182,982) 530,988 (651,994)			
25	MH 1960	18	С	MODE COSTS		** \$ 14,745,598	\$ (149,970)	\$ 14,595,628 *
				To eliminate the excess FFS costs captured on the cost report with adjustment number 7.	in conjunction			
26 27	MH 1960 MH 1960	12 18	C C	TOTAL ADMINISTRATIVE COSTS MODE COSTS		** \$ 2,370,944 ** 14,595,628	\$ 48,169 46,638 94,807	\$ 2,419,113 * 14,642,266
				To adjust total costs in conjunction with adjustment number 6 t with the county's records.	o agree		34,007	
28	MH 1960	16	С	TOTAL UTILIZATION REVIEW COSTS		** 355,119	(110,309)	244,810 *
				To adjust total utilization review costs in conjunction with adjust	stment number 8.			
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	r COUNTY OF	= SONO!	ΜΛ		Provider Number 00049	No. of Adj. 179		eriod Ended 30, 2003
	Report Ref		VIA			As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
			<del> </del>	ADJUSTMENTS TO REPORTED COST	:			
29 30 31	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To allocate total administrative cost among SD/MC, Healthy Fa	pmilion and	** \$ - ** - ** 2,419,113	\$ 1,341,901 18,865 1,058,347	\$ 1,341,901 18,865 1,058,347 2,419,113
				Non SD/MC Administrative cost arriving SD/MC, Fleating Fa Non SD/MC Administration based on the gross cost method po of 55.4708% for SD/MC, .7798% for Healthy Families, and 43. Non SD/MC.	ercentages			
32 33 -	MH 1960 MH 1960 MH 1960	13 15 16	000	SKILLED PROFESSIONAL MEDICAL PERSONNEL NON SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS  To reclassify utilization review cost not related to Medi-Cal to N Utilization Review. The gross cost percentages of 62.6922% f 37.3078% for Non SD/MC were used as the allocation ratio.		** \$ - ** 244,810	\$ 153,477 91,333	\$ 153,477 91,333 244,810
				* Balance carried forward to subsequent adjustment.				

Provide	COUNTY OF	SONO!	ΜΔ		Provider Number 00049	No. of Adj. 179	1	Period Ended 30, 2003
	Report Refe					As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
140.	OCI I.	Line		ADJUSTMENTS TO REPORTED MODES OF SER	RVICE			
34	MH 1964	8	А	SUPPORT SERVICES (MODE 60)		\$ 589,666	\$ 263,546	\$ 853,212 *
				To reclassify the conservatorship costs from Administration to in conjunction with adjustment number 14.	Mode 60			
35	MH 1964	5	Α	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM	2)	\$ 13,049,639	(56,916)	\$ 12,992,723 *
				To eliminate the PES services and supplies Sutter reimbursen with adjustment number 16.	nent in conjunction			
36	MH 1964	5	Α	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM	2)	** \$ 12,992,723	\$ (22,604)	\$ 12,970,119 *
				To adjust for depreciation expense in conjunction with adjustm	ent number 20.			
37 38	MH 1964 MH 1964	5 7	A A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	2)	** \$ 12,970,119 1,494,137	(496,873) (69,427)	\$ 12,473,246 * 1,424,710
39	MH 1964	8	А	SUPPORT SERVICES (MODE 60)		** 853,212	(14,287) (580,587)	838,925 *
				To adjust self-insurance costs at the mode level in conjunction adjustment number 24	with			
40 41	MH 1964 MH 1964	5 6	A A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM OUTREACH SERVICES (MODE 45)	2)	** \$ 12,473,246 8,717	\$ (463,820) 40,867	\$ 12,009,426 * 49,584
42	MH 1964	8	Ā	SUPPORT SERVICES (MODE 60)		** 838,925	469,591 46,638	1,308,516
				To adjust costs at the mode level in conjunction with adjustme to agree with the county's records.	nt number 27			
								·
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	r COUNTY OF	SONO	MA		Provider Number 00049	No. of Adj. 179		eriod Ended 30, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MODES OF SER	VICE			
43	MH 1964	5	А	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM	2)	** \$ 12,009,426	\$ (149,970)	\$ 11,859,456
		-		To eliminate the excess FFS costs captured on the cost report in conjunction with adjustment number 25.				
		:						
						-		
		-						:
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.	:			

Provide	COUNTY OF	SONO	NΛΛ		Provider Number 00049	No. of Adj. 179		eriod Ended 30. 2003
ļ	Report Ref		IVIA			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED GROSS CO	<u>ST</u>			
44 45 46 47 48 49 50	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3 3 3 3	A	MODE 15 - OUTPATIENT (PROGRAM 2) SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979) SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980) SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982) SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984) SERVICE FUNCTION 15/33 (ASO) SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981) MODE 15 - OUTPATIENT (PROGRAM 2)		\$ 72,744 64,510 - - 1,170 138,424	\$ (4,839) (59,323) 39,250 15,572 4,511 5,689 860	\$ 67,905 5,187 39,250 15,572 4,511 6,859 139,284
				To report outpatient FFS costs by provider type and to adjust r to agree with the county's records.	eported costs			
51 52 53 54 55 56	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3 3		MODE 15 - OUTPATIENT (PROGRAM 1) SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/40 SERVICE FUNCTION 15/50 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70		\$ 1,601,881 243,345 6,798,503 320,944 3,090,297 856,245	\$ (160,863) (24,564) (1,181,941) 443,546 (182,030) (85,191)	\$ 1,441,018 218,781 5,616,562 764,490 2,908,267 771,054
57 58	MH 1966A MH 1966A	3		MODE 15 - OUTPATIENT (PROGRAM 2) SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979) SERVICE FUNCTION 15/60 (PROVIDER NUMBER 4979)		13,751 58,993	(4,471) (368)	9,280 58,625
59 60	MH 1966A MH 1966A	3		SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980) SERVICE FUNCTION 15/61 (PROVIDER NUMBER 4980)		64,510 -	(62,146) 2,823	2,364 2,823
61	MH 1966A	3		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982)		-	39,250	39,250
62 63	MH 1966A MH 1966A	3		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984) SERVICE FUNCTION 15/62 (PROVIDER NUMBER 4984)	:	-	10,540 5,032	10,540 5,032
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				Construint .

Provider COUNTY OF	SONOMA	\		Provider Number 00049	٨	lo. of Adj. 179			Fiscal Period Ended June 30, 2003		
Report Refe	erence		EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported		Increase (Decrease)		_ Α	As Adjusted	
Adj. Form/ No. Sch.	Line	Col.	EXPLANATION OF AUDIT AUGUST MIL	NIS			(			, , , , , , , , , , , , , , , , , , , ,	
A MILADOSA	2		ADJUSTMENTS TO REPORTED GROSS COS SERVICE FUNCTION 15/33 (ASO)	<u>51</u>	\$	- -	\$	4,284 227	\$	4,284 227	
64 MH 1966A 65 MH 1966A	3		SERVICE FUNCTION 15/63 (ASO)								
66 MH 1966A	3		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)  To adjust reported gross cost at the service function level to re method of allocation.	flect the RVS		1,170		5,689		6,859	
67 MH 1966A 68 MH 1966A 69 MH 1966A	3 3 3		MAA SERVICE FUNCTION 01 MAA SERVICE FUNCTION 26  To adjust the MAA cost by service function codes due to the se correction on adjustment number 38.  * Balance carried forward to subsequent adjustment.	elf-insurance	<b>\$</b>	106,625 342,476 604,178	(	(9,133) 21,837) 38,457) 69,427)	\$	97,492 320,639 565,721	

Provide	r COUNTY OF	SONO	MA		Provider Number 00049	N	o. of Adj. 179	Fiscal Period Ended June 30, 2003		ì
	Report Refe	erence			1	As		Increase	As	
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported		(Decrease)	Adjusted	
				ADJUSTMENTS TO REPORTED GROSS COST: CONTRAC	CT PROVIDERS					
70 71 72	MH 1966A MH 1966A MH 1966A	3 3 3		FRED FINCH (LE #113) MODE 15 - OUTPATIENT (PROGRAM 1) SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/58 SERVICE FUNCTION 15/60	)	\$	- 63,829 76,996	\$ 17,408 18,140 (35,548)	\$	17,408 81,969 41,448
73 74	MH 1966A MH 1966A	3 3		FAMILIES FIRST (LE #120) MODE 10 - DAY SERVICES SERVICE FUNCTION 10/85 SERVICE FUNCTION 10/95		\$	3,351 46,914	\$ 14,305 (14,305)	\$	17,656 32,609
75 76 77 78 79 80 81 82	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3 3 3 3 3		SOCIAL ADVOCATES FOR YOUTH (LE #396) MODE 15 - OUTP. SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/30 SERVICE FUNCTION 15/40 SERVICE FUNCTION 15/50 SERVICE FUNCTION 15/58 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70	ATIENT (PROGRAM	  1)   \$	4,647 48,476 382,313 70,114 1,718 47,954 21,716 1,503	\$ (155) (1,621) (326,995) 309,089 2,719 17,740 (727) (50)	\$	4,492 46,855 55,318 379,203 4,437 65,694 20,989 1,453
83 84 85 86 87	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3 3		CHILDREN'S COUNSELING CENTER (LE #403) MODE 15 - OUT SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/30 SERVICE FUNCTION 15/50 SERVICE FUNCTION 15/70	TPATIENT (PROGRA	M 1) \$	4,146 74,486 168,462 2,284 406	\$ (176) (3,131) (7,082) 10,405 (16)	\$	3,970 71,355 161,380 12,689 390
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.						

Provide	COUNTY OF	SONO	MA		Provider Number 00049	No. of Adj. 179		Period Ended 30, 2003	
	Report Refe	erence				As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted	
	Sch.  MH 1966A  MH 1966A  MH 1966A  MH 1966A  MH 1966A	3 3 3 3 3 3 3	Col.	ADJUSTMENTS TO REPORTED GROSS COST: CONTRACT  CIL/PSI LIFEWORKS (LE #515) MODE 15 - OUTPATIENT (PROCESERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/30 SERVICE FUNCTION 15/50  RUSSIAN RIVER COUNSELING (LE #648) MODE 15 - OUTPATION 15/01 SERVICE FUNCTION 15/10  To adjust reported costs at the service function level using the of allocation for some contract providers due to adjustments in	ENT (PROGRAM 1)  RVS method	\$ 380 26,362 484,964 28,453 \$ 12,191 52,280	\$ 111 (140) (83,169) 83,198 \$ 3,387 (3,387)	\$ 491 26,222 401,795 1111,651 \$ 15,578 48,893	
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.					

Provide	r				Provider Number	No. of Adj.	Fiscal Period Ended		
	COUNTY OF	SONO	MA		00049	179	June :	30, 2003	
	Report Refe	erence	1	TWO WAS ALIDED AND THE THE	NITO	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NIS	Neported	(Decrease)	Aujusteu	
				ADJUSTMENTS TO REPORTED TOTAL UNIT	<u>'s</u>				
94 95 96 97 98 99	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	2 2 2 2 2 2		MODE 15 - OUTPATIENT (PROGRAM 1) SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/40 SERVICE FUNCTION 15/50 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70		1,427,626 167,234 4,688,131 221,836 1,196,395 395,418	(663) 1,383 (359,386) 367,365 6,602 755	1,426,963 168,617 4,328,745 589,201 1,202,997 396,173	
100	MH 1966A MH 1966A	2 2		MODE 15 - OUTPATIENT (PROGRAM 2) SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979) SERVICE FUNCTION 15/60 (PROVIDER NUMBER 4979)		22,680 37,760	(12,325) (2,650)	10,355 35,110	
102 103	MH 1966A MH 1966A	2 2		SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980) SERVICE FUNCTION 15/61 (PROVIDER NUMBER 4980)		86,020 0	(81,760) 2,730	4,260 2,730	
104	MH 1966A	2		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982)		0	64,280	64,280	
105 106	MH 1966A MH 1966A	2 2		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984) SERVICE FUNCTION 15/62 (PROVIDER NUMBER 4984)		0 0	15,300 3,920	15,300 3,920	
107 108	MH 1966A MH 1966A	2 2		SERVICE FUNCTION 15/33 (ASO) SERVICE FUNCTION 15/63 (ASO)		0	7,380 210	7,380 210	
109	MH 1966A	2		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)		80	12,460	12,540	
				To adjust total units to agree with the county's records.					
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.					

Provide	r COUNTY OF	SONO	MA		Provider Number 00049	No. of Adj. 179		eriod Ended 30, 2003
	Report Refe	erence	,			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	INTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED TOTAL UNITS: CONTRA	CT PROVIDERS			
110	MH 1966A	2		FRED FINCH (LE #113) SERVICE FUNCTION 15/10		0	8,725	8,725
111	MH 1966A	2		FAMILIES FIRST (LE #120) SERVICE FUNCTION 10/85		19	125	144
112 113 114	MH 1966A MH 1966A MH 1966A	2 2 2		SOCIAL ADVOCATES FOR YOUTH (LE #396) SERVICE FUNCTION 15/30 SERVICE FUNCTION 15/40 SERVICE FUNCTION 15/50		186,975 34,290 840	(158,985) 157,580 1,405	27,990 191,870 2,245
115	MH 1966A	2		CHILDREN'S COUNSELING CENTER (LE #403) SERVICE FUNCTION 15/50		1,727	8,287	10,014
116 117 118 119	MH 1966A MH 1966A MH 1966A MH 1966A	2 2 2 2		CIL/PSI LIFEWORKS (LE #515) SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/30 SERVICE FUNCTION 15/50		240 12,965 238,501 13,993	70 (70) (40,913) 40,913	310 12,895 197,588 54,906
120 121	MH 1966A MH 1966A	2 2		RUSSIAN RIVER (LE #648) SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/40  To adjust total units to agree with the county's records. The a	djustments are	6,900 29,590	5,220 8,450	12,120 38,040
				necessary as SD/MC units were more than total units.  * Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	<u> </u>				Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	COUNTY OF	SONO	MA		00049	179	June :	30, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
122 123 124 125 126 127 128 129	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL		1,333,098 2,573,030 11,961 30,205 0 2,980 15,691 85,539 4,052,504	(17,621) 1,243,661 105 370 4,405 15,130 2,865 (2,543) 1,246,372	1,315,477 * 3,816,691 * 12,066 * 30,575 * 4,405 * 18,110 * 18,556 * 82,996 * 5,298,876 *
130 131 132 133 134 135	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total Total	To adjust the as settled (MH 1966A) SD/MC units of service/tir county operated facilities to agree with the State DMH Approve Report dated March 22, 2007. Above adjustments include Phase Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, with units for the three (3) reimbursement periods.  MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02  ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03  HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02  HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03  TOTAL  To adjust the SD/MC units of service/time per the State DMH / Claims Report to the county's PSP 356 report. Above adjustments by service the units for the three (3) reimbursement periods.	ed Claims ase II. ns have which reflects  Approved ents include ce functions	** 1,315,477 ** 3,816,691 ** 12,066 ** 30,575 ** 4,405 ** 18,110 ** 18,556 ** 82,996 ** 5,298,876	(5,340) (20,211) 5,245 20,881 0 (185) 0 (1,700) (1,310)	1,310,137 * 3,796,480 * 17,311 * 51,456 * 4,405 * 17,925 * 18,556 81,296 * 5,297,566 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	r COUNTY OF	CONO	N / A		Provider Number 00049	No. of Adj. 179		riod Ended 30, 2003
	Report Refe		IVIA		00010	As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
136 137 138 139 140 141 142 143	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 10/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Above ad include Phase II. Copies of workpapers detailing adjustments	justments by service	** 1,310,137  ** 3,796,480  ** 17,311  ** 51,456  ** 4,405  ** 17,925  ** 18,556  ** 81,296  ** 5,297,566	(27,318) (83,271) (35) (5,900) (45) (965) (4,275) (19,845) (141,654)	1,282,819 * 3,713,209 * 17,276 45,556 4,360 16,960 14,281 61,451 5,155,912
144	MH 1966A	8A	Total	functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.  MEDI-CAL UNITS - 10/01/02 to 06/30/03	) worksneets,	** 3,713,209	(29,480)	3,683,729 *
				To adjust SD/MC units as a result of disallowances identified be county's utilization review unit.	by the			
145 146	MH 1966A MH 1966A	8 8A		MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03  To adjust SD/MC units for disallowed claims identified by the of through an internal audit. Although these disallowed claims have been refunded by the county to DMH, an adjustment is necess to avoid nullifying the refund.	ave already	** 1,282,819 ** 3,683,729	(3,100) (4,915)	1,279,719 3,678,814
	:			* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	COUNTY OF	SONO	MA		00049	179	June	30, 2003
	Report Refe	erence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNIT CONTRACT PROVIDERS	<u>'S</u>			
147 148 149 150 151 152 153 154	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total Total Total Total Info	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL		306,830 880,969 0 0 0 0 0 39,988 1,227,787	(259) (38,463) 725 504 3,967 20,800 7,684 (4,813) (9,855)	306,571 * 842,506 * 725 * 504 * 3,967 * 20,800 * 7,684 * 35,175 * 1,217,932 *
155 156 157 158 159 160 161 162	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total Total Info	To adjust the as settled (MH 1966A) SD/MC units of service/tir contract provider operated facilities to agree with the State DM Claims Report dated March 22, 2007. Above adjustments incl Copies of workpapers detailing adjustments by service functio been provided to the County. See the MH 1970 worksheets, v the units for the three (3) reimbursement periods.  MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02  ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03  HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02  HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03  TOTAL  To adjust the SD/MC units of service/time per the State DMH / Claims Report to the county's PSP 356 report. Above adjustm Phase II. Copies of workpapers detailing adjustments by servihave been provided to the County. See the MH 1970 workshereflects the units for the three (3) reimbursement periods.	IH Approved ude Phase II. ns have which reflects  Approved ents include toe functions	** 306,571 ** 842,506 ** 725 ** 504 ** 3,967 ** 20,800 ** 7,684 ** 35,175 ** 1,217,932	870 1,773 (725) (504) 695 988 (840) (2,257)	307,441 * 844,279 * 0 * 0 * 4,662 * 21,788 * 6,844 * 32,918 * 1,217,932
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	<del></del>				Provider Number	No. of Adj.	i	riod Ended
	COUNTY OF	SONO	MA		00049	179	June 3	0, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT CONTRACT PROVIDERS	<u>-s</u>			
163 164 165 166 167 168	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02  ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03  HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02  HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03  TOTAL  To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Above ad include Phase II. Copies of workpapers detailing adjustments functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.	justments by service ) worksheets,	** 307,441 ** 844,279 ** 0 ** 0 ** 4,662 ** 21,788 ** 6,844 ** 32,918 ** 1,217,932	(235) (1,580) 90 311 (695) (988) - - (3,097)	307,206 842,699 * 90 311 3,967 20,800 6,844 32,918 1,214,835
169	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03  To adjust SD/MC units as a result of disallowances identified be county's utilization review unit.	y the	** 842,699	(9,048)	833,651 *
170	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03  To adjust SD/MC units for Buckelew Programs to equal total u	nits.	** 833,651	(5,611)	828,040
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	COUNTY O	F SONOI	MA		Provider Number 00049		. of Adj. 179	1	Period End 30, 200	
	Report Ref	erence					As	Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Re	eported	(Decrease)	Adjusted	
				ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY	-					
171 172	MH 1968 MH 1968	28 28A	K K		2 - 09/30/02) 2 - 06/30/03)	\$	6,255 10,798	\$ 13,484 41,001	\$	19,739 51,799
				To adjust patient and other payor revenue to agree with the co	ounty's records.					
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.						41,1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

Provide					Provider Number	No. of Adj.	1	eriod Ended
	COUNTY OF		MA	<b></b>	00049	179	June	30, 2003
Adj.	Report Ref	erence		EXPLANATION OF AUDIT ADJUSTME	EXPLANATION OF AUDIT ADJUSTMENTS		Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC SETTLE	WENT			
173	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS F	REIMBURSEMENT	\$ 4,527,226	\$ (226,352)	\$ 4,300,874
				To adjust reported Contract Provider Direct Medi-Cal Gross Reas a result of adjustments to the contract providers SD/MC uniservice/time.				
174 175	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT- COUNTY		\$ 4,764,656 109,914 4,874,570	\$ 423,702 (30,418) \$ 393,285	\$ 5,188,358 79,496 5,267,855
176 177	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PITOTAL REIMBURSEMENT - CONTRACT PROVIDERS	ROVIDERS	\$ 2,281,138 75,362 2,356,500	\$ (63,530) 8,952 (54,578)	\$ 2,217,608 * 84,314 * 2,301,922 *
				To adjust Total SD/MC Reimbursement (FFP) due to the adjus reported costs and units.	tments to			
178 179	Sch. 3b Sch. 3b Sch. 3b	Total Total Total	28	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PI TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	ROVIDERS	** \$ 2,217,608 ** 84,314 ** 2,301,922	\$ (55,199) 	\$ 2,162,409 84,314 2,246,723
				To adjust the FFP reimbursement for the contract providers to FFP contract maximum.	the			
				Social Advocates for Youth Russian River Counseling	(54,746) (453) (55,199)			
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

#### FINDING 1 – APPORTIONMENT OF UTILIZATION REVIEW COST TO NON SD/MC

The County did not report Non-SD/MC Utilization Review costs on line 15, MH 1960, of the cost report even though the County selects its cases for utilization review on a random basis from its total client population (Medi-Cal and Non Medi-Cal).

#### **AUDIT AUTHORITY:**

Fiscal Year 2002/03 Cost Report Instructions, CFRS-34.

#### **RECOMMENDATION:**

We recommend that the County adhere to page 34 of the Cost Report Instructions which states, "If the county performs utilization review of all services regardless of client Medi-Cal eligibility, a portion of the utilization review cost should be reported on line 15." Failure to do so could result in material fiscal exceptions.

#### **AUDITEE'S RESPONSE:**

The County of Sonoma agrees with this finding. The recommended guidelines from the FY 02-03 Cost Report Instructions for the proper allocation methodology of Medi-Cal / Non Medi-Cal utilization review costs have been followed beginning with the FY 03-04 Cost Report.

### <u>FINDING 2 – COST REPORTING OF PHASE II (OUTPATIENT) CONSOLIDATION</u> EXPENDITURES

The County did not disclose payments made to the Phase II contractors on MH 1966A, Program 2, of the cost report by provider type. Instead, the payments were reported by service function codes.

The Phase II contractor information such as costs, total units, and SD/MC units should be segregated by discipline or provider numbers. In addition, only actual payments made by the County to the Phase II contractors for their services should be disclosed as total costs.

#### **AUDIT AUTHORITY:**

State DMH letter dated December 23, 1998

#### **RECOMMENDATION:**

We recommend that the County separately identify and disclose payments, total units, and SD/MC units related to the Phase II contractors, by provider number, to comply with the State DMH letter dated December 23, 1998.

#### AUDITEE'S RESPONSE:

The County of Sonoma agrees with this finding. Total units, SC/MC units and costs for the Phase II contractors have been reported by provider type, instead of by service function, beginning with the FY 06-07 cost report.

#### FINDING 3 – PROPER REPORTING OF CONSERVATORSHIP COST

The County reported the conservatorship cost in the Administration line of the cost report. The conservatorship cost is a support service that is not reimbursable through the cost report. An adjustment was made to reclassify the cost to Mode 60 – Support Services.

#### **AUDIT AUTHORITY:**

DMH Letter 94-15, dated Fiscal Year 2002/03 Cost Report Instructions, CFRS Appendix F-3 California Code of Regulations, Title 9, Section 640

#### **RECOMMENDATION:**

We recommend that the County report the conservatorship cost to the proper mode level of service.

#### **AUDITEE'S RESPONSE:**

The County of Sonoma agrees with this finding. Beginning with the FY 05-06 Cost Report the conservatorship costs have been reported in Mode 60-Support Services.

#### FINDING 4 – FFP CONTRACT MAXIMUM

Two of the county's contract providers – Social Advocates for Youth (LE #396) and Russian River Counseling (LE #648) -- have its FFP contract maximum less than its FFP reimbursable cost.

#### **AUDIT AUTHORITY:**

Various provider contracts

#### **RECOMMENDATION:**

Since final reimbursement is determined by taking the lower of the FFP contract maximum and the FFP reimbursable cost, we recommend that the county review the maximum payable amount in its provider contracts and make necessary amendments so the maximum amount payable under the contract does not fall below reimbursable cost.

#### **AUDITEE'S RESPONSE:**

The County of Sonoma agrees with this finding. Beginning in FY 05-06 the contract maximums have been added to the cost report working papers to ensure that the FFP reimbursable costs claimed in the cost report for providers do not exceed their contract maximums.

### CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: SONOMA

County Code: 49

	Legal Entity: COUNTY OF SONOMA	А	В	С
Le	gal Entity Number: 00049	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	21,181,124	14,250,402	35,431,526
2	Encumbrances		727,549	727,549
3	Less: Payments to Contract Providers (County Only)		(11,612,366)	(11,612,366)
4	Other Adjustments (Provide Detail)	(6,749,528)	780,556	(5,968,972)
5	Total Costs Before Medi-Cal Adjustments	14,431,596	4,146,141	18,577,737
6	Medi-Cal Adjustments from MH 1961			(1,075,582)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			17,502,155
	Administrative Costs (County Only)			
9	SD/MC Administration			1,341,901
10	Healthy Families Administration			18,865
11	Non-SD/MC Administration			1,058,347
12	Total Administrative Costs			2,419,113
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			153,477
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			91,333
16	Total Utilization Review Costs			244,810
17	Research and Evaluation (County Only)			195,966
1.5				
18	Mode Costs (Direct Service and MAA)			14,642,266
10				47.500.455
19	Total Costs - Lines 9 through 18			17,502,155

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

#### **DEPARTMENT OF MENTAL HEALTH**

**Fiscal Year 2002-2003** 

County: SONOMA

County Code: 49

	Legal Entity: COUNTY OF SONOMA	Α	В	С
Le	gal Entity Number: 00049	Salaries		Total
		and Benefits	Other	Adjustments
1	FY 02/03 Depreciation		22,604	22,604
2	Unallowable Jail Expenses	(1,045,040)	(406,902)	(1,451,942)
3	Reimbursement for Jail Expenses	1,005,377	351,758	1,357,135
4				
5				
6	Adj 1 Program Support and PES Sutter reimb.		(156,518)	(156,518)
7	Adj 2 Incorporate deprec expense capitalized in PY.		7,500	7,500
8	Adj 3 Adjust A-87 cost to agree with county's records.		(36,895)	(36,895)
9	Adj 4 To disallow self-insurance costs funded by county.		(1,182,982)	(1,182,982)
10	Adj 5 To allow actual insurance claims paid.		530,988	530,988
11	Adj 6 To adjust total costs to agree w/ county's records.		94,807	94,807
12	Adj 7 To eliminate excess FFS costs.		(149,970)	(149,970)
13	Adj 8 To eliminate UR costs for Sutter and Jail.		(110,309)	(110,309)
14				
15				
16			· · · · · · · · · · · · · · · · · · ·	
17		turanen a turanen arra erre turan bere arra erre erre erre erre erre erre		
18				
19				
20	Total Adjustments	(39,663)	(1,035,919)	(1,075,582)

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SONOMA

County Code: 49

	Legal Entity: COUNTY OF SONOMA	Α
Le	gal Entity Number: 00049	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	14,642,266
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	11,859,456
6	Outreach Services (Mode 45)	49,584
7	Medi-Cal Administrative Activities (Mode 55)	1,424,710
8	Support Services (Mode 60)	1,308,516
9	Total - Lines 2 through 8	14,642,266

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County:	SONOM.
County:	SOMOM

County Code: 49			CR	CR	CR	CR	CR	CR
Legal Entity: COUNTY OF SONOMA		A	В	С	D	E	F	G
Legal Entity Number: 00049			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
			01	10	40	50	60	70
Allocation Percentage		100.00%	12.30%	1.87%	47.92%	6.52%	24.81%	6.58%
2 Total Units			1,426,963	168,617	4,328,745	589,201	1,202,997	396,173
3 Gross Cost	·· , , , , , , , , , , , , , , , , , ,	11,720,172	1,441,018	218,781	5,616,562	764,490	2,908,267	771,054
4 Cost per Unit	<u>-1.1.1</u>		1.01	1.30	1.30	1.30	2.42	1.95
5 SMA per Unit			1.77	2.28	2.28	2.28	4.23	3.41
6 Published Charge per Unit			1.65	2.12	2.12	2.12	3.95	3.18
7 Negotiated Rate / Cost per Unit								
0	07/04/02 00/20/02		222 220	22.011	604 472	46,250	205.276	02.004
Medi-Cal Units	07/01/02 - 09/30/02		223,329 669,742	22,911	681,472		205,376	63,681
9	10/01/02 - 06/30/03		669,742	58,583 240	2,022,593	76,410	617,401	128,090
Medicare/Medical Crossover Linits						744	13,876	2,600
9A Medical of Costs of State	10/01/02 - 06/30/03 07/01/02 - 09/30/02			1,635 80	2,700 3,480	711	37,240	3,270
Enhanced SD/MC (Children) Units			400			****	275	165
10A Enhanced SD/MC (Befugger) Heite	10/01/02 - 06/30/03		420	660	10,290		685	1,095
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		4.055	4.005	10.550		055	050
Healthy Families (SED) Units	07/01/02 - 09/30/02		1,255	1,265	10,556	4.460	855	350
[11A]	10/01/02 - 06/30/03		5,785	5,875	42,521	1,400	3,910	1,960
12 Non-Medi-Cal Units			526,432	77,368	1,554,573	464,430	323,379	194,962
13 Madi Cal Casts	07/01/02 - 09/30/02	1,819,917	225,529	29,727	884,212	60,010	496,500	123,940
13A Medi-Cal Costs	10/01/02 - 06/30/03	5,217,688	676,339	76,012	2,624,322	99,142	1,492,578	249,296
14	07/01/02 - 09/30/02	3,192,628	395,292	52,237	1,553,756	105,450	868,740	217,152
Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	9,153,133	1,185,443	133,569	4,611,512	174,215	2,611,606	436,787
15	07/01/02 - 09/30/02	2,973,576	368,493	48,571	1,444,721	98,050	811,235	202,506
15A Medi-Cal Published Charges	10/01/02 - 06/30/03	8,525,217	1,105,074	124,196	4,287,897	161,989	2,438,734	407,326
16 Madi Cal Nagatistad Dates	07/01/02 - 09/30/02							
Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
17	07/01/02 - 09/30/02	39,644		311	727		33,545	5,060
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	102,940		2,121	3,503	923	90,028	6,364
10	07/01/02 - 09/30/02	69,385		547	1,277	925	58,695	8,866
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	180,181		3,728	6,156	1,621	157,525	11,151
10	07/01/02 00/20/02	64,774		509	1,187	1,021	54,810	8,268
Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	168,194		3,466	5,724	1,507	147,098	10,399
20	07/01/02 - 09/30/02	100,134		3,400	3,724	1,507	147,090	10,355
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	<del></del>						
			000,000,000	1000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ales in the property of
Enhanced SD/MC Costs	07/01/02 - 09/30/02	5,605		104	4,515		665	321
21A	10/01/02 - 06/30/03	18,419	424	856	13,351		1,656	2,131
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	9,843		182	7,934		1,163	563
ZZA	10/01/02 - 06/30/03	32,341	743	1,505	23,461		2,898	3,734
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	9,158		170	7,378		1,086	525
[23A]	10/01/02 - 06/30/03	30,095	693	1,399	21,815		2,706	3,482
24 Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	10/01/02 - 06/30/03							
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27 Enhanced SD/MC (Refugees) SMA Opper Limits 27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28 Enhanced SD/MC (Refugees) Regotiated Rates								
	07/01/02 - 06/30/03			0.000.000.00				
Healthy Families Costs	07/01/02 - 09/30/02	19,353	1,267	1,641	13,696		2,067	681
29A	10/01/02 - 06/30/03	83,720	5,842	7,623	55,171	1,817	9,452	3,815
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	33,983	2,221	2,884	24,068		3,617	1,194
[30A]	10/01/02 - 06/30/03	146,997	10,239	13,395	96,948	3,192	16,539	6,684
31 Healthy Families Published Charges	07/01/02 - 09/30/02	31,622	2,071	2,682	22,379		3,377	1,113
31A Healthy Families Fublished Charges	10/01/02 - 06/30/03	136,790	9,545	12,455	90,145	2,968	15,445	6,233
32 Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A Reality Families Negotiated Rates	10/01/02 - 06/30/03							
33 Non-Medi-Cal Costs		4,412,886	531,617	100,385	2,017,064	602,599	781,775	379,446
Loo TriolLinear.out 003t3		7,712,000	201,017	100,000	2,017,004	002,000	101,110	313,440

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

#### DETAIL COST REPORT

County: SONOMA

	County Code: 49			MHS	MHS	MHS	MHS	MHS	MHS
	Legal Entity: COUNTY OF SONOMA		A	4979	4980	4982	4984	ASO	4981
Le	gal Entity Number: 00049			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
				10	30	31	32	33	40
1	Allocation Percentage		100.00%	6.66%	1.70%	28.18%	7.57%	3.08%	4.92%
2	Total Units			10,355	4,260	64,280	15,300	7,380	12,540
3	Gross Cost		139,284	9,280	2,364	39,250	10,540	4,284	6,859
4	Cost per Unit	The second secon	***************************************	0.90	0.55	0.61	0.69	0.58	0.55
5	SMA per Unit			2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit						2.20	2.20	2.20
7	Negotiated Rate / Cost per Unit	***							
777					<u> </u>				
8	Medi-Cal Units	07/01/02 - 09/30/02		2,340	720	14,240	4,380	2,820	2,280
8A		10/01/02 - 06/30/03		7,895	3,180	48,120	10,140	4,560	8,100
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							360
10A		10/01/02 - 06/30/03				1,260	360		1,800
108	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			120	360	660	420		
13	<u> जिल्हा के निर्देश की ताल के कार्य के लिए के लिए के निर्देश के निर्देश के लिए हैं है, है कि है है है है है है</u> 	07/01/02 - 09/30/02	33,594	2,097	400	8,695	3,017	1 627	1,247
13A	Medi-Cal Costs	10/01/02 - 09/30/02	<del>\                                    </del>	7,075	1,765			1,637	
		07/01/02 - 09/30/02	91,226			29,383	6,985	2,647	4,430
14	Medi-Cal SMA Upper Limits		103,020	5,335	1,642	32,467	9,986	6,430	5,198
14A	ļ	10/01/02 - 06/30/03	288,469	18,001	7,250	109,714	23,119	10,397	18,468
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	<del>                                     </del>						
15A		10/01/02 - 06/30/03	ļ						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03		-, -, -, -, -, -, -, -, -, -, -, -, -, -	<del></del>				
17	N. F M. F.O.I.O.	07/01/02 - 09/30/02	1	<u> </u>					
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	M- E ME O-1 O CMA II II	07/01/02 - 09/30/02							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19		07/01/02 - 09/30/02				***			
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	-						
20		07/01/02 - 09/30/02	<u> </u>						
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
1000				residential de la constancia de la const	Statistical	deliteration of	510 x 52 52 52 52 52 52 52 52 52 52 52 52 52	Constitution of the	
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	197						197
21A		10/01/02 - 06/30/03	2,653			769	248		985
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	821						821
22A	one opposition	10/01/02 - 06/30/03	9,447			2,873	821		4,104
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	Emilianou ODINIO Negotiated Nates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		41413341414161414141	and the second			10.000.000.000.000.000.000.000.000.000.	0.0000000000000000000000000000000000000
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<del>                                     </del>						
	Emiliance obmino (richagees) regonated Rates		ani are regarderen	2341470241414141414	inanida nga	agrana ara		<u> </u>	14141717171714141
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A	, reality i diffined obtain	10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							,
30A	ricality ramines divin oppor cittins	10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02	1						
31A	meaning ranilles rublished Charges	10/01/02 - 06/30/03							
32	Hastithy Camilian Nagatisted Rates	07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
1	Non Modi Cal Costo	<u>Demographica</u>	11.01	400	200	100			<del>anamani<u>j</u>a</del>
33	Non-Medi-Cal Costs		11,614	108	200	403	289		(0)

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SONOMA

Legal Entitly Authors (1995   SONCIAN   4079   4880   A850   L M   N	County: SONOMA County Code: 49		MHS	MHS	MHS	MHS			
Lease Enthy Number C0049		~ <u>~~~</u>	4979	4980	4984	ASO	L	M	N
Mode: 15 - Outpaleint (Program 2)   Function   Functi			Service	Service	Service		Service		
Allocation Percentage							Function	Function	Function
2	4 Allegation Description								
Secret   S									
Section									
S NAA per Unit								deleteration (	
Comparison of Charge per Unit									
Touristic Rate / Cost per Units			4.23	4.23	4.23	4.23			
Modi-Cal Units									
SA		107/04/02 00/20/02	0.015	20		75			<u> </u>
B					1 000				
BA   Well-Carl Crossover Units   1001/102 - 06/30/03	0		21,010	1,050	1,000	133			
10			<b></b>						
TOA    Christines (SED) Units	10								
Top   Enhanced SO/MC (Refugees) Units	Enhanced SUNVIL Units		390						
11									
172   Non-Medi-Cal Units	11	07/01/02 - 09/30/02							
133   Medi-Cal Costs	11A Healthy Families (SED) Units	10/01/02 - 06/30/03							
13A   Medi-Cal Costs   10/01/02 - 06/30/03   36.426   1,086   1,284   146   144   144   144   144   144   145	12 Non-Medi-Cal Units		3,090	1,650	2,920				
13A   Medi-Cal Costs   10/01/02 - 06/30/03   36.426   1,086   1,284   146   144   144   144   144   144   145	13	07/01/02 - 09/30/02	16.389	31		81	**************	12-20-102-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2	
Medi-Cal SMA Upper Limits					1.284				
144A   Wedi-Cal Published Charges	14					317			
155A   Medi-Cal Published Charges   100/10/2 - 06/30/03					4,230				
15/14   100   10	15 Madi Cal Bublished Charges	07/01/02 - 09/30/02							
	15A Medi-Cai Fublished Charges	10/01/02 - 06/30/03							
16A									
171A   Medicare/Medi-Cal Crossover SMA Upper Limits   100/10/2 - 06/30/03   100/10/2 -	16A	10/01/02 - 06/30/03							
17A    100/10/2 - 09/30/03	17	07/01/02 - 09/30/02		**,*;*,*;*,*,*,*,*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		1
185A   Medicare/Medi-Cal Crossover Published Charges   07/01/02 - 06/30/03   07/01/02	17A Medicare/Medi-Cai Crossover Costs	10/01/02 - 06/30/03							
19	18 Medicare/Medi Cal Crossover SMA Upper Limits								
19A   Medicare/Medi-Cal Crossover Published Charges   10/01/02 - 06/30/03	[18A]								
1904   10/01/02 - 09/30/02   20   20   20   20   20   20   20									
200	19A								
201									
Enhanced SD/MC SMA Upper Limits	[20A]	10/01/02 - 06/30/03		1411-1411-1411-1411-1			***************		***************
21A		07/01/02 - 09/30/02							
22A   Enhanced SD/MC Published Charges	21A		651						
23A   Enhanced SD/MC Published Charges									
23A   Ernanced SD/MC Negotiated Rates   10/01/02 - 06/30/03	ZZA		1,650						
24									
24A   Emilianced SD/MC (Refugees) Costs   10/01/02 - 06/30/03	23A								
Enhanced SD/MC (Refugees) Costs   07/01/02 - 06/30/03									
26       Enhanced SD/MC (Refugees) SMA Upper Limits       07/01/02 - 06/30/03       1         27       Enhanced SD/MC (Refugees) Published Charges       07/01/02 - 06/30/03       2         28       Enhanced SD/MC (Refugees) Negotiated Rates       07/01/02 - 06/30/03       3         29       Healthy Families Costs       07/01/02 - 09/30/02       1         30       Healthy Families SMA Upper Limits       07/01/02 - 09/30/02       1         30       Healthy Families Published Charges       07/01/02 - 06/30/03       1         31       Healthy Families Published Charges       07/01/02 - 09/30/02       1         32       Healthy Families Negotiated Rates       07/01/02 - 09/30/02       1         32       10/01/02 - 06/30/03       1									
27       Enhanced SD/MC (Refugees) Published Charges       07/01/02 - 06/30/03       07/01/02 - 06/30/03         28       Enhanced SD/MC (Refugees) Negotiated Rates       07/01/02 - 06/30/03       07/01/02 - 06/30/03         29       Healthy Families Costs       07/01/02 - 06/30/03       07/01/02 - 06/30/03         30       Healthy Families SMA Upper Limits       07/01/02 - 06/30/03       07/01/02 - 06/30/03         31       Healthy Families Published Charges       07/01/02 - 09/30/02       07/01/02 - 06/30/03         31       Healthy Families Negotiated Rates       07/01/02 - 09/30/02       07/01/02 - 09/30/02         32       Healthy Families Negotiated Rates       07/01/02 - 09/30/03       07/01/02 - 09/30/03									
28       Enhanced SD/MC (Refugees) Negotiated Rates       07/01/02 - 06/30/03									
Healthy Families Costs									
Pealthy Families Costs   10/01/02 - 06/30/03				Mandalas					
29A   10/01/02 - 06/30/03   10/01/02 - 09/30/02   10/01/02 - 09/30/02   10/01/02 - 09/30/03   10/01/02 - 09/30/03   10/01/02 - 06/									
30A   Healthy Families SWA Opper Limits   10/01/02 - 06/30/03	29A								
30A									
31A   Realthy Families Published Charges   10/01/02 - 06/30/03	30A								
32   Healthy Families Negotiated Rates   07/01/02 - 09/30/02   10/01/02 - 06/30/03   10/01/02 - 06/30/03									
32A   Fleatify Families Negotiated Rates   10/01/02 - 06/30/03	the state of the s								
				-					
33   Non-Medi-Cal Costs 5,160   1,706   3,748   0		10/01/02 - 00/30/03			<del>ananyayak</del>				
	33   Non-Medi-Cal Costs		5,160	1,706	3,748	0			

#### **DETAIL COST REPORT**

**DEPARTMENT OF MENTAL HEALTH** PAGE 1 OF 1

Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: SONOMA County Code: 49

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	Legal Entity: COUNTY OF SONOMA	Α	В	C	D	Е	F	G
Le	gal Entity Number: 00049		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
		· .	20					
1	Allocation Percentage	17.58%	17.58%					
2	Total Units		12,825					
3	Gross Cost	49,584	8,717					
311111			2.00					
4	Cost per Unit		0.68					
5	Non-Medi-Cal Units		12,825					
6	Non-Medi-Cal Costs	8,717	8,717					

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

**DETAIL COST REPORT** 

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

Fiscal Year 2002-2003

County: SONOMA

County Code: 49 MAA MAA MAA MAA MAA MAA

	Legal Entity: COUNTY OF SONOMA	Α	В	С	D	E	F	G
Le	gal Entity Number: 00049		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
			01	06	09	19	23	26
1	Allocation Percentage	100.00%	6.84%	3.14%	3.18%	22.51%	13.60%	39.71%
2	Total Units		173,326	77,328	57,714	520,143	276,725	681,047
3	Total Expenditures	1,424,710	97,492	44,684	45,248	320,639	193,806	565,721
4	Cost per Unit		0.56	0.58	0.78	0.62	0.70	0.83
5	Non-Medi-Cal Costs	378,207						

#### DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2

#### Fiscal Year 2002-2003

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SONOMA

County Code: 49

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30dilly 30dd: 10							
Legal Entity: COUNTY OF SONOMA	Н	1	J	K	L	M	N
Legal Entity Number: 00049	Service						
Mode: 55 - Medi-Cal Administrative Activities	Function						
	29	38	39				
1 Allocation Percentage	2.08%	1.95%	7.00%				
2 Total Units	38,002	52,069	155,387				
3 Total Expenditures	29,643	27,782	99,695				
4 Cost per Unit	0.78	0.53	0.64				
5 Non-Medi-Cal Costs							

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

**DETAIL COST REPORT** 

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: SONOMA

County Code: 49

CR

	Legal Entity: COUNTY OF SONOMA	Α	В	С	D	Е	F	G
Le	Legal Entity Number: 00049		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Mode: 60 - Support							
			40					
1	Allocation Percentage	45.06%	45.06%					
2	Total Units		14,374					
3	Gross Cost	1,308,516	589,666					
4	Cost per Unit		41.02		131113131311113131313131313131313			
5	Non-Medi-Cal Units (Same as Line 2)		14,374					
6	Non-Medi-Cal Costs (Same as Line 3)	589,666	589,666		525212325144255342555344553	3(3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3		

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETAIL COST REPORT DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	ty: SONOMA				DEMOUDE	SEMENT DADE	T 200	T	C		٦	0	1
County Code: 49  Legal Entity: COUNTY OF SONOMA			REIMBURSEMENT TYPE  A B C D			E	PC         Costs           E         F         G         H			Costs J K			
Legal Entity Number							Total				Total		Total
1				Mode 55 S. F.'s 11-19,	· · · · · · · · · · · · · · · · · · ·	Total MAA	Inpatient Mode 05-	Mode 05-All	1	Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col. I + Col. J)
		07/01/02 - 09/30/02	S. F.'s 01-09	31-39	S. F.'s 21-29		Hospital	Other	Mode 10	Program (1) 1,819,917	Program (2)	Program (2)	1,853,511
1A Medi-Cal Cos	ets	10/01/02 - 06/30/03					<u> </u>			5,217,688	1,819,917 5,217,688	33,594 91,226	5,308,914
2 Medi-Cal SM	A	07/01/02 - 09/30/02								3,192,628	3,192,628	103,020	3,295,648
2A		10/01/02 - 06/30/03 07/01/02 - 09/30/02					<del></del>	-		9,153,133 2,973,576	9,153,133 2,973,576	288,469	9,441,601 2,973,576
3A Medi-Cal P. C	·	10/01/02 - 06/30/03								8,525,217	8,525,217		8,525,217
4 Medi-Cal N. F	₹.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						<del> </del>		<u> </u>			
E		07/01/02 - 09/30/02							<u> </u>	1,819,917	1,819,917	33,594	1,853,511
5A Medi-Cal Gro	ss Reimbursement	10/01/02 - 06/30/03								5,217,688	5,217,688	91,226	5,308,914
6 Madiagra/May	di-Cal Crossover Cost	07/01/02 - 09/30/02							***********	39,644	39,644	*******************	39,644
6A Wedicare/Wed	ui-Ca: Ciussovei Cust	10/01/02 - 06/30/03								102,940	102,940		102,940
7 Medicare/Med	di-Cal Crossover SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03							<del> </del>	69,385 180,181	69,385 180,181		69,385 180,181
8 Medicare/Med	di-Cal Crossover P. C.	07/01/02 - 09/30/02								64,774	64,774		64,774
18A 1		10/01/02 - 06/30/03 07/01/02 - 09/30/02						ļ		168,194	168,194		168,194
9 Medicare/Med	di-Cal Crossover N. R.	10/01/02 - 06/30/03											
10 Medicare/Mer	di-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								39,644	39,644		39,644
10A Wedicare/Wed	C. 010000461 G1000 NEIRI.	10/01/02 - 06/30/03								102,940	102,940	<u> Control de la control de</u>	102,940
11 Total SD/MC	+ Crossover Grass Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								1,859,561	1,859,561	33,594	1,893,155
11A							0.00.000.000	*************		5,320,628	5,320,628	91,226	5,411,854
12 Enhanced SD	/MC (Children) Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03								5,605 18,419	5,605 18.419	197 2,653	5,802 21,072
13 Enhanced SD	/MC (Children) SMA	07/01/02 - 09/30/02								9,843	9,843	821	10,664
13A		10/01/02 - 06/30/03 07/01/02 - 09/30/02	1							32,341 9,158	32,341 9,158	9,447	41,788 9,158
14A	/MC (Children) P. C.	10/01/02 - 06/30/03								30,095	30,095		30,095
15 Enhanced SD	/MC (Children) N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	4							<u> </u>			
15A							(170) (40) (40) (40) (40)				5.005	400	
16 Enhanced SD	/MC (Children) Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						<del>                                     </del>		5,605 18,419	5,605 18,419	197 2,653	5,802 21,072
# 477 C. C. M. C.	/MC (Refugees) Cost	T07/01/02 - 06/30/03					5	171.11.11.11.11.11.11.11.11.11.11.11.11.					
18 Enhanced SD	/MC (Refugees) SMA	07/01/02 - 06/30/03						-					
	/MC (Refugees) P. C. /MC (Refugees) N. R.	07/01/02 - 06/30/03 07/01/02 - 06/30/03						<del> </del>		<del> </del>			
100000000000000000000000000000000000000	Gross Reimbursement	07/01/02 - 09/30/02						anne ampleasa		1,865,166	1,865,166	33,791	1,898,957
21A (Excludes Refu	udees)	10/01/02 - 06/30/03								5,339,047	5,339,047	93,880	5,432,926
22 Enhanced SD	/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03								********			
23 Healthy Famil	ies Cost	07/01/02 - 09/30/02								19,353	19,353		19,353
23A		10/01/02 - 06/30/03 07/01/02 - 09/30/02						-		83,720 33,983	83,720 33,983		83,720 33,983
24A 110aluly 1 and	ies SMA	10/01/02 - 06/30/03								146,997	146,997		146,997
25 Healthy Famil	ies P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						ļ		31,622 136,790	31,622 136,790		31,622 136,790
25 Healthy Famil 25A Healthy Famil	ios N D	07/01/02 - 09/30/02								130,750	130,750		136,790
26A		10/01/02 - 06/30/03					************			1012127212121212121	200000000000000000000000000000000000000		
27 Healthy Famil	ies Gross Reim.	07/01/02 - 09/30/02								19,353	19,353		19,353
	and Other Payor Revenues	10/01/02 - 06/30/03								83,720	83,720		83,720
00	Prossover Revenues	07/01/02 - 09/30/02								19,739	19,739		19,739
28A Enhanced	SD/MC (Children) Revenues	10/01/02 - 06/30/03					·			51,799	51,799		51,799
30 Enhanced	SD/MC (Refugees) Revenues												
31 Healthy Fa	milies Revenues												
	tures from MAA (Mode 55)		187,424	448,116	789,170	1,424,710							
33 Medi-Cal Eligi 34 Revenue - MA	bility Factor (Average) A			69.4	J 76								
95		07/01/02 - 09/30/02	187,424	311,138	547,940	1,046,503			<u>nanananinisi</u>	1,845,427	1,845,427	33,791	1,879,218
35A	MC for Direct Services	10/01/02 - 06/30/03								5,287,248	5,287,248	93,880	5,381,127
22	anced SD/MC (Refugees)	07/01/02 - 09/30/02								19 353	19,353	-	19,353
37A Net Due - Hea	utny ramilles	10/01/02 - 06/30/03							<del></del>	19,353 83,720	83,720		83,720
	tiated Rates Exceed Costs	anana sadahan kisisa tahuluka balahan s											
38 SD/MC (Inc	cludes Children)	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
39 Enhanced	SD/MC (Refugees)												
40 Healthy Fai	milles	07/01/02 - 09/30/02											
[AVA]		10/01/02 - 06/30/03		<u>aritistigistetetti</u>	<u>arangan berbuit</u>							<u> </u>	· · · · · · · · · · · · · · · · · · ·

#### **DEPARTMENT OF MENTAL HEALTH**

#### **DETAIL COST REPORT**

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: SONOMA

County Code: 49

Legal Entity: COUNTY OF SONOMA

Legal Entity Number: 00049	Α	В	С	D	E	F	
Data Type	Net Direct Costs		FF	P	Effective		
Data Type	(Gross Reim. Costs - Revenue)		Doll	lars	FFP%		
Source	MH1970s		MH1	970s	Calculated		
Oddice	Column N	Column Q	Column R	Column U	Caico	ilateu	
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)							
2 05 - Other 24 Hour Services (All Other SFC)					ENHAL)	one) F	
3 10 - Day Services					The part of the second	¥4.77	
4 15 - Outpatient (Program 1)	1,839,822	5,268,829	945,669	2,714,552			
5   15 - Outpatient (Program 2)	33,594	91,226	17,267	47,051			
6 Totals	1,873,416	5,360,055	962,936	2,761,603			
7 Totals from MH1979	1,873,416	5,360,055	962,936	2,761,603		7.40% page and	
8 Effective SD/MC FFP %			DATE (1945年)		51.40%	51.52%	

Amount Negotiated Rates Exceed Costs - Healthy Families

27 Total Healthy Families Reimbursement

#### DETAIL COST REPORT

FFP %

FFP %

#### Fiscal Year 2002-2003

79,496

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

County: SONOMA Source: Source: County Code: 49 MH1978 E8 MH1978 F8 Legal Entity: COUNTY OF SONOMA F G Α В C D Н Legal Entity Number: 00049 Total Total Total 50% 51.40% 51.52% Variable % 75% Total Outpatient Total FFP FFP FFP FFP FFP FFP MAA Inpatient SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement 7.331.883 7,331,883 4,300,874 Contract Provider Medi-Cal Direct Service Gross Reimbursement 4,300,874 Total Medi-Cal Direct Service Gross Reimbursement 11,632,757 1,744,914 Medi-Cal Administrative Reimbursement Limit 1,341,901 Medi-Cal Administration Medi-Cal Administrative Reimbursement 1,341,901 670,951 670,951 Healthy Families Administrative Reimbursement (County Only) 219,016 County Healthy Families Direct Service Gross Reimbursement 219,016 Healthy Families Administrative Reimbursement Limit 21,902 18,865 Healthy Families Administration 18,865 12,309 10 Healthy Families Administrative Reimbursement 12,309 SD/MC Net Reimbursement for MAA 187,424 93.712 11 Medi-Cal Admin. Activities Svc Functions 01 - 09 187.424 93,712 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 311.138 311,138 155,569 155,569 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 547,940 547,940 410,955 410,955 153,477 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 115,108 115,108 Other SD/MC Utilization Review (County Only) 07/01/02 - 09/30/02 1,873,416 1,873,416 962,936 962,936 SD/MC Net Reimbursement for Direct Services 16A 10/01/02 - 06/30/03 5,360,055 5,360,055 2,761,603 2,761,603 17 5,802 07/01/02 - 09/30/02 5,802 3,828 3,828 Enhanced SD/MC Net Reimb. (Children) 21,072 10/01/02 - 06/30/03 21,072 13,697 13,697 18 Enhanced SD/MC Net Reimb. (Refugees) 19 Total SD/MC Reimbursement Before Excess FFP 5,188,358 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 21 Total SD/MC Reimbursement (FFP) 5,188,358 Contract Limitation Adjustment 23 Adjusted Total SD/MC Reimbursement (FFP) 5,188,358 07/01/02 - 09/30/02 19.353 19.353 12.769 12,769 Healthy Families Net Reimbursement 24A 10/01/02 - 06/30/03 83,720 83,720 54,418 54,418 25 Total Healthy Families Reimbursement Before Excess FFP 79,496